

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

Small PHA Plan Update

Annual Plan for Fiscal Year: 2002

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**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**



**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the City of Ola

**PHA Number:** AR091

**PHA Fiscal Year Beginning: (04-2002)**

**PHA Plan Contact Information:**

Name: **Charlene Harrison**

Phone: 501-489-5432

TDD: 501-489-5432

Email (if available): olapha@arkwest.com

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- X      Main administrative office of the PHA  
         PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- X      Main administrative office of the PHA  
         PHA development management offices  
         Main administrative office of the local, county or State government  
         Public library  
         PHA website  
         Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X      Main business office of the PHA  
         PHA development management offices  
         Other (list below)

**PHA Programs Administered:**

Public Housing and Section 8      Section 8 Only      Public Housing Only



**Annual PHA Plan**  
**Fiscal Year 20**  
 [24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

**Annual Plan**  
**Executive Summary (optional)**  
**Annual Plan Information**

Table of Contents	1
Description of Policy and Program Changes for the Upcoming Fiscal Year	2
Capital Improvement Needs	2
Demolition and Disposition	2
Homeownership: Voucher Homeownership Program	3
Crime and Safety: PHDEP Plan	4
Other Information:	
Resident Advisory Board Consultation Process	4
Statement of Consistency with Consolidated Plan	5
Criteria for Substantial Deviations and Significant Amendments	6

**Attachments**

- X Attachment A : Supporting Documents Available for Review
- X Attachment \_B\_: Capital Fund Program Annual Statement
- X Attachment \_C\_: Capital Fund Program 5 Year Action Plan
- X Attachment \_D\_: Capital Fund Program Replacement Housing Factor Annual Statement
- X Attachment \_E\_: Public Housing Drug Elimination Program (PHDEP) Plan
- X Attachment \_F\_: Resident Membership on PHA Board or Governing Body
- X Attachment \_G\_: Membership of Resident Advisory Board or Boards
- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
- X Attachment H: Voluntary Conversion of Developments

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

**1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Ola Housing Authority anticipates no changes in its policies or procedures that are not covered elsewhere in this document or that are not mandated

by changing Federal Housing Regulations as clarified and implemented by HUD.

## 2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 213,199.00 est.

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

### D. Capital Fund Program Grant Submissions

~~The Capital Fund Program 5 Year Action Plan~~ provided as Attachment C

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

## 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

## 2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition	

Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for      units Public housing for      units Preference for admission to other public housing or section 8 Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

X Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. Yes X No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **Resident Advisory Board (RAB) Recommendations and PHA Response**

1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included: No comments were made that required changes in the plan. All agreed that the Plan was approved by them.

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

X Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_\_.

Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Arkansas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)



The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

#### PHA Requests for support from the Consolidated Plan Agency

Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### C. Criteria for Substantial Deviation and Significant Amendments

#### Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### B. Significant Amendment or Modification to the Annual Plan:

Substantial Deviation: Any changes to OHA's overall mission, any changes to the goals or objectives that effect services to residents /or significant changes to OHA's financial situation; a complete revision or abandonment of one or more of the component of the 5 year plan.

Annual Plan:

Changes to rent or admissions policies or organization of the waiting list;

Additions of non-emergency work items (items not included in the current annual statement or five year action plan) or changes in use of

replacement reserve funds under the Capital fund;

and any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.

The Ola Housing Authority acknowledges that an exception will be made by HUD to compliance with the above criteria for any of the above changes that are adopted to reflect changes in HUD regulatory requirement; such changes will not be considered significant amendments by HUD.

**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

**List of Supporting Documents Available for Review**

Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
NA	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or	Annual Plan:

Applicable & On Display	Supporting Document	Related Plan Component
	disposition of public housing	Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention

Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## Small PHA Plan Update Page

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## Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: Housing Authority of the City of Ola			AR37P09150102/Capital Funds Program 2002		2002
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )		
<del>Performance and Evaluation Report for Period Ending:</del>			<del>Final Performance and Evaluation Report</del>		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	15,000.00			
4	1410 Administration	21,053.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,200.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	25,739.00			
10	1460 Dwelling Structures	141,207.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	213,199.00			
21	Amount of line 20 Related to LBP Activities				

<b>22</b>	<b>Amount of line 20 Related to Section 504 Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>	<b>100,000.00</b>			



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Ola Performance and Evaluation Report for Period ending:		Grant Type and Number Capital Fund Program Grant No. AR37P09150102				Federal FY of Grant: 2002		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status Propos Worl
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
AR091-001-002-003	Management Improvements: HVAC,Computer upadate, equipment	1408		15,000.00	0			
AR091-001-002-003	Administration: Coordinator/Inspector/emp benefits/sundry	1410		21,053.00				
AR091-001-002-003	Fees and Cost: Arch/Eng	1430		10,200.00				
AR091-001-002-003	Site Improvements: Siding Repair, replace water shut off valves,sidewalks, storage repair	1450		25,739.00				
AR091-001-002-003	Dwelling Structures: Install Hvac,remodel bathrooms, plumbing, install insulated windows, replace floor tile, add dryer vents-220 plugs.	1460		141,207.00				
AR091-001-002-003	Contingency	1502						

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	World

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## Table Library

<b>Annual Statement/Performance and Evaluation Report</b>		
PHA Name: Housing Authority of the City of Ola	Capital Funds Program Grant No.: AR37P09150100	2000
Original Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )	
<del>Performance and Evaluation Report for Period Ending:</del>	<del>Final Performance and Evaluation Report</del>	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	28,889.00		28,889.00	
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,200.00		10,200.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	24,469.00		21,807.83	1,850.00
10	1460 Dwelling Structures	145,259.00		145,359.00	109,895.76
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				

<b>20</b>	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>208,917.00</b>			
<b>21</b>	<b>Amount of line 20 Related to LBP Activities</b>				
<b>22</b>	<b>Amount of line 20 Related to Section 504 Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>	<b>103,762.23</b>			
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>	<b>71,754.60</b>			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Ola Performance and Evaluation Report for Period ending: 12/31/01		Grant Type and Number Capital Fund Program Grant No. AR37P09150100				Federal FY of Grant: 2000		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status Propos Worl
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
AR091-001-002-003	Operations	1406		28,889.00	0	28,889.00		
AR091-001-002-003	Fees and Costs	1430		10,200.00		10,200.00		
AR091-001-002-003	Site Improvement: Siding repair/replacewater valves/sidewalks/landscaping/storage repair	1450		24,469.00		21,807.83	1,850.00	
AR091-001-002-003	Replace washer shut off valves add molded case and 220 plug for dryers/Install window and security screens Replace wall heaters/add HVAC	1460		145,359.00		145,359.00	109,895.76	

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	World

## Small PHA Plan Update Page 12

## Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: Housing Authority of the City of Ola			AR37P09150101		2001
			Capitall Funds Program #:2		
			2001		
Original Annual Statement			Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )		
Performance and Evaluation Report for Period Ending:			Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	28,889.00	0	0	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,200.00	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	26,400.00	0	0	0

<b>10</b>	<b>1460 Dwelling Structures</b>	<b>147,710.00</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>11</b>	<b>1465.1 Dwelling Equipment—Nonexpendable</b>				
<b>12</b>	<b>1470 Nondwelling Structures</b>				
<b>13</b>	<b>1475 Nondwelling Equipment</b>				
<b>14</b>	<b>1485 Demolition</b>				
<b>15</b>	<b>1490 Replacement Reserve</b>				
<b>16</b>	<b>1492 Moving to Work Demonstration</b>				
<b>17</b>	<b>1495.1 Relocation Costs</b>				
<b>18</b>	<b>1498 Mod Used for Development</b>				
<b>19</b>	<b>1502 Contingency</b>				
<b>20</b>	<b>Amount of Annual Grant: (sum of lines 2-19)</b>	<b>213,199.00</b>			
<b>21</b>	<b>Amount of line 20 Related to LBP Activities</b>				
<b>22</b>	<b>Amount of line 20 Related to Section 504 Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>	<b>125,210.00</b>			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Ola Performance and Evaluation Report for Period ending: 12/31/01		Grant Type and Number Capital Fund Program Grant No. AR37P09150101				Federal FY of Grant: 2001		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status Propos Worl
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
AR091-001-002-003	Administration	1410		28,889.00	0			
AR091-001-002-003	Fees and Costs	1430		10,200.00		0	0	
AR091-001-002-003	Site Improvement: Siding repair/replacewater valves/sidewalks/landscaping/storage repair	1450		26,400.00		0	0	
AR091-001-002-003	Replace washer shut off valves add molded case and 220 plug for dryers/Install window and security screens Replace wall heaters/add HVAC	1460		147,710.00		0	0	



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	World







Printed on: 1/23/02 12:19 PM

## Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan	
Original statement	Revised statement
Development Number	East End, Donald Hood, Morse Apartments
AR091-001-002-003	Housing Authority of the City of Ola

Description of Needed Physical Improvements or Management Improvements: AR091-001-002-003	Estimated Cost CFP 5 year plan	Planned Start Date (HA Fiscal Year)
1408 Management Improvements: Computer upgrade, office machines, equipment	10,000.00	04/01/2003
1410 Administration: Coordinator/Inspector/employee benefits, sundry	21,053.00	
1430 Fees and Cost: Architech/Eng.	10,200.00	
1450 Site Improvements: Replace water shut off valves, siding repair, sidewalks, add parking bays or resurface bays/plumbing repairs.	30,000.00	
1460 Dwelling Structures: Replace windows/security screens, HVAC, remodel bathrooms-kitchens/replace floor tile.	78,547.00	
1475 Non Dwelling Equipment: Vehicle, tools, equipment	20,000.00	
1502 Contingency	*****	*****
Description of Needed Physical Improvements or Management		

<b>Improvements: AR091-001-002-003</b> <b>1408 Management Improvements</b> <b>1410 Administrations: Coordinator/Inspector/Employee benefits/Sundry</b> <b>1430 Fees and Cost: Arch/Eng</b> <b>1450 Site Improvements: Replace gutters and downspouts, siding. Storage doors/sidewalks/landscaping</b> <b>1460 Dwelling Structures: Remodel bathroom/plumbing/ rebuild HWH floors/replace water shutoff valves/plumbing/replace floors tile/reroof elderly units, remodel kitchens/bathrooms</b>	<b>Estimated Cost CFP</b>  <b>21,053.00</b> <b>10,200.00</b>  <b>30,000.00</b>  <b>108,547.00</b>  *****	<b>04/01/2004</b>          *****
<b>Description of Needed Physical Improvements or Management</b> <b>Improvements: AR091-001-002-003</b>	<b>Estimated Cost CFP</b>	***** <b>04/01/2005</b>
<b>1410 Administration:</b> <b>1430 Fees and Cost</b> <b>1450 Site Improvements: Replace water shut off valves, siding repair, sidewalks, repair retainer walls/replace siding/repair fencing</b> <b>1460 Dwelling : Replace windows, security screens, HVAC, remodel bathrooms, Kitchens/floor tile</b> <b>1475 Non Dwelling Equipment: vehicle, tools, equipment</b> <b>1502 Contingency</b>	<b>Estimated Cost CPF</b>  <b>21,053.00</b> <b>10,200.00</b>  <b>35,000.00</b>  <b>103,547.00</b> <b>20,00.00</b>	<b>Planned Start Date ( HA Fiscal Year) 04/01/05</b>          
<b>Description of Needed Physical Improvements or Managements</b> <b>Improvements: AR091-001-002-003</b>  <b>1408 Management Improvements: Computer upgrade/replace tile/carpet,</b> <b>1410 Administration: Coordinator/employee benefits/sundry</b> <b>1430 Fees and Cost: Architect/Eng.</b> <b>1450 Site Improvements: Siding Repair, sidewalks, repaint water line-drain repair /water valve repair</b> <b>1460 Dwelling Structures: Remodel kitchens/bathrooms/retile floors/ HVAC/ Storm doors/re-roof.</b> <b>1470 Non Dwelling Structures: HVAC maint shop/repaint truck shelter</b>	<b>Estimated Cost CFP</b>  ***** <b>10,000.00</b> <b>21,053.00</b> <b>10,200.00</b> <b>25,000.00</b>  <b>103,547.00</b> <b>5,500.00</b>	***** <b>04/01/2006</b>

<div data-bbox="237 256 1096 259"></div> <div data-bbox="237 820 310 846">oofing</div>	<div data-bbox="1136 233 1337 250">*****</div>	
<div data-bbox="237 1226 665 1252">Total estimated cost over next 5 years</div>	<div data-bbox="1136 1226 1255 1252">704,700.00</div>	



## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** 0

**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.



3.							
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<b>9115 - Special Initiative</b>						<b>Total PHDEP Funding: \$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>						<b>Total PHDEP Funding: \$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
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<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

**Required Attachment \_F\_\_\_\_: Resident Member on the PHA Governing Board**

1. ☒ Yes    ☐ No:                      Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board :Mary Sue Smith

How was the resident board member selected: (select one)?

                    Elected  
☒            Appointed

C. The term of appointment is (include the date term expires): 11/29/1996-10/27/2003

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
Other (explain):

B. Date of next term expiration of a governing board member: 10/16/2002

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Sammy C. Turner, Chairman	10/27/2006
Nathan Abernathy, Vice Chairman	12/02/2005
Charlene Hurlburt, Commissioner	10/16/2002
Jackie R. Harrison, Commissioner	12/20/2004



## **Required Attachment \_\_\_\_G\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Michael Green	AR091-003
Sue Stanton	AR091-003
Danielle Neeley	AR091-001
Bruce Smith	AR091-002
Mary Sue Smith	AR091-002

A letter was mailed to all resident with an invitation to accept the appointment to this committee. The names above are the persons who agreed or asked to serve. Our Advisory Board consist of residents from each Project.

## **REQUIRED ATTACHMENT H : VOLUNTARY CONVERSION OF DEVELOPMENTS FROM PUBLIC HOUSING STOCK:**

The Housing Authority of the City of Ola certifies that it has reviewed each (3) development's operation as public housing; considered the implications of converting the public housing to tenant-based assistance; and concluded that conversion of the development may be: inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described at \*972.200 (c)

The PHA has considered each covered development, cost, and/or workability of vouchers in this community.

AR091-001 ( Morse Apartments)	28
AR091-002 ( Morse Apartments) (East End)	32
AR091-003 ( Donald Hood Apt.)	62